

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kathryn M. Taylor and Barbara M. Crosby  
 Docket: 60027.0327US01  
 Title: METHOD, SYSTEM, AND COMPUTER-READABLE MEDIUM FOR UPDATING  
 INVENTORY DATA IN AN INVENTORY MANAGEMENT SYSTEM

**CERTIFICATE UNDER 37 CFR 1.10**

'Express Mail' mailing label number: EV 188519158 US

Date of Deposit: July 28, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: *Christina Caudle*  
 Name: Christina Caudle

19249 U.S. PTO  
 10/628852



Mail Stop PATENT APPLICATION  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- ☒ Utility Patent Application: Spec. 21 pgs; 18 claims; Abstract 1 pgs.  
 The fee has been calculated as shown below in the 'Claims as Filed' table.
- ☒ 11 sheets of formal drawings
- ☒ A signed Combined Declaration and Power of Attorney
- ☒ Assignment of the invention to BellSouth Intellectual Property Corporation, Recordation Form Cover Sheet
- ☒ Authorization to charge Deposit Account No. 13-2725 in the amount of \$918.00 to cover the Filing Fee
- ☒ Authorization to charge Deposit Account No. 13-2725 in the amount of \$40.00 to cover the Assignment Recording Fee.
- ☒ Return postcard

**CLAIMS AS FILED**

| Number of Claims Filed       |   | In Excess of: |   | Number Extra |   | Rate  |   | Fee      |
|------------------------------|---|---------------|---|--------------|---|-------|---|----------|
| <b>Basic Filing Fee</b>      |   |               |   |              |   |       |   | \$750.00 |
| <b>Total Claims</b>          |   |               |   |              |   |       |   |          |
| 18                           | - | 20            | = | 0            | x | 18.00 | = | \$0.00   |
| <b>Independent Claims</b>    |   |               |   |              |   |       |   |          |
| 5                            | - | 3             | = | 2            | x | 84.00 | = | \$168.00 |
| MULTIPLE DEPENDENT CLAIM FEE |   |               |   |              |   |       |   | \$0.00   |
| TOTAL FILING FEE             |   |               |   |              |   |       |   | \$918.00 |

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

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